

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HA & All STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

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PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
MIDIKITANI	D. 1 1		
MIRIKITANI	Richard	К.	808/548-4890
MAIL INC ADDRESS (Street)			
MAILING ADDRESS (Street)			FAX
P.O. Box 898900			808/548-2975
(City)	(State)	(Zip	Code)
		• •	•
Mililani, HI 96789		,1	
EMPLOYING ORGANIZATION (Fill in a	only if you are employed by a business er	ntity which has been retained to lobby)	TELEPHONE
·		•	
n/a			
117 G			
MAILING ADDRESS (Street)			FAX
			<u></u>
(City)	(State)	(Zip	Code)

NAME OF ORGANIZATION YOU LO	BBY FOR (Do not abbreviate)	TELEPHONE
Castle & Cooke, Inc.		808/548-4811
MAILING ADDRESS (Street)		FAX
P.O. Box 898900		808/548-2975
(City)	(State)	(Zip Code)
Mililani, HI 96789		
NAME OF PERSON RESPONSIBLE FOR	R PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Harry A. Saunders		808/548-4811
MAILING ADDRESS (Street)		FAX
P.O. Box 898900		808/548-2975
(City)	(State)	(Zip Code)

PART II	I DESCRIPTION OF S	<u>SUE</u>	SJECTS UPON WHICH	YOU	EXPECT TO LOBBY		
v A	griculture	/	Education	_	Human Services	ļ	Science, Technology & Economic Development
	communications & Public Utilities	1	Government Operations & Finance	~	Intergovernmental Relations, International Affairs	-	∼Tourism & Recreation
_	Consumer Protection & Commerce	-	Hawaiian Affairs	~	Labor & Employment	/	Transportation
	Culture, Arts, Historic Preservation		Health	_	Planning, Land & Water Use Management		Other: (indicate below)
	cology, Energy nvironmental Protection	_	Housing	/	Public Safety & Corrections		

Ecology, Energy  Environmental Protection	using	Public Safety & Corrections
PART IV CERTIFICATION OF LOB	BYIST	
I hereby certify that the information	n furnished above is	, to the best of my knowledge, correct and complete.
WELL		12.30.04
(Signature	(Date)	
PART V AUTHORIZATION TO LOS	BBY	
NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Harry A. Saunders		Sr. Vice President
NAME OF ORGANIZATION (if applicable)		TELEPHONE
Castle &∂Cooke, Inc.		808/548-4811
MAILING ADDRESS (Street)		FAX
P.O. Box 898900, as a		808/548-2975
(City)	(State)	(Zip Code)
Mililani, HI 96789		
I hereby authefize the above - nai	ned person to engag	ge in lobbying activities on behalf of the undersigned.
		12/30/04
(Signature of Authorizing Off	icer or Person Represen	ted) (Date)